



American Red Cross Lifeguard Training

The Lifeguard Training class is designed for new lifeguards. Each participant who successfully completes all class requirements will receive a Lifeguarding/First Aid/ CPR/AED certification which is valid for 2 years. Register for one of the classes below based on your availability. You may not mix and match classes, participants must complete one entire class and pass successfully to receive their certification. COVID guidelines set by the local health department and the Red Cross will be adhered to during the teaching of these classes.

Location: Nevada City Swimming Pool; 423 Nimrod St. Nevada City, CA 95959
Fee: Payment is due in 2 steps. \$50 (+6.1% registration fee = \$53.05) due at time of registration. The balance of \$145 is due on the first day of class. See registration information on page 2.

Dates: Mon-Thurs; March 29 - April 1
Time: 9:00a - 4:00p each day
Code: LGT121

Dates: Saturday's & Sunday's; April 10, 11, 17 & 18
Time: 9:00a - 4:00p each day
Code: LGT221

Class Requirements

1. Participants must be at least 15 years old by the last day of class. Proof of age must be presented the first day of class (birth certificate, driver's license, etc).
2. Participants must attend all days and times of the class.
3. Participants must pass the Water Skills Test which is given on the first day of class. To pass the water skills test, participants must pass all 3 of the following objectives:
 - ⇒ Swim 300 yards continuously demonstrating breath control and rhythmic breathing. Candidates may swim using the front crawl, breaststroke or a combination of both but swimming on the back or side is not allowed. Swim goggles may be used.
 - ⇒ Tread water for 2 minutes using only the legs. Candidates must place their hands under the armpits.
 - ⇒ Complete a timed event within 1 minute, 40 seconds. Starting in the water, swim 20 yards. The face may be in or out of the water. (Swim goggles are not allowed.) Surface dive to a depth of 8 ft, to retrieve a 10-pound brick. Return to the surface and swim 20 yards on the back to return to the starting point with both hands holding the brick and keeping the face at or near the surface or able to get a breath. (Candidates cannot swim the distance underwater.) Exit the water without using a ladder or steps.
4. Participants must have access to a computer to complete the online portions of the class. Computers are not needed during listed class times above. Participants will need to complete 7 hours of online class time prior to being allowed to take the in-person portions of the class. The online portion of the class must be done on your own time and completed by the first day of class. Participants will be emailed a link where you will login to view the videos, slides and online First Aid/ CPR test. When you arrive on the first day of in-person training, you must have printed proof of completion of the online portion of the class.

How to Register

Online at: <https://campscui.active.com/orgs/CityofNevadaCity?orglink=camps-registration>

A partial payment (\$53.05) is due at the time of registration. Remaining balance (\$145) is due the first day of in-person class.

OR

Complete the registration form. Return the form with payment of \$53.05 to:
Nevada City Parks & Recreation 317 Broad St., Nevada City, CA 95959

Make checks payable to: City of Nevada City The remaining balance (\$145) is due the first day of in-person class.

Registration Deadline: One week prior to each class. March 22 for LGT121 and April 2 for LGT221 *Although you can register as late as 1 week prior to the in-person class, keep in mind that you must be able to complete the 7 hours (approximate time) of online class time prior to the first day of in-person class.*

Refunds: There are no refunds on program fees unless the class is cancelled. Once a participant has passed the water skills test, there are no refunds, even if you do not pass the class.

Questions?

Call Nevada City Parks & Recreation at 530-265-2496 x129

Additional Information

This is an American Red Cross Class. For more information about being a Red Cross Lifeguard and other aquatic certifications, visit the Red Cross website at: <http://www.redcross.org/take-a-class/lifeguarding>

LIFEGUARD TRAINING REGISTRATION



Participant **LAST** Name: _____

Participant **FIRST** Name: _____ Birthdate: _____ Sex: M F

Phone: best # to reach participant _____ alternate # _____

Address, City Zip: _____

Participant Email: _____

Parent/Guardian Name: _____

Phone: best # to reach parent _____ alternate # _____

Emergency Contact: _____ phone #: _____

Course Code #	Fee	Cash/ Check #	Total Amt. Paid	Date	Staff Initials

_____(initials) **PROGRAM WAIVER:** In consideration for being permitted by the City of Nevada City to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which may have, or which may hereafter accrue to me as a result of participation in said activity. This release is intended to discharge in advance the City of Nevada City (their officers, employees, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents, including colliding with other swimmers, tripping or falling on the pool deck, exposure to contaminated water and knowingly and freely assume all such risks, both known and unknown. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of my death or any injury or property damage that I may sustain while participating in said activity.

_____(initials) **COVID WAIVER:** By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Parks & Recreation Program and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 by attending Parks & Recreation Programs may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s participation in this Program. On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless the City, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the City, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any City program.

_____(initials) **PARENTAL CONSENT:** I hereby consent that my son/daughter, named above, participate in the above activity, and I hereby execute the above Agreement, Waiver and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activity. I agree that in the event that said minor requires medical treatment while under the supervision of City of Nevada City personnel in connection with described activity, such supervisor may authorize treatment.

_____(initials) **IN ADDITION:** I understand that there are no refunds on registration fees, unless the class is cancelled. I give the City of Nevada City permission to use photos taken of me and/or my child in future publications.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER & RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CITY OF NEVADA CITY, AND I SIGN IT ON MY OWN FREE WILL.

Signature of participant OR parent/guardian of participant under the age of 18

Date